PAR (Pre-authorized Remittance)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My/Our Monthly Commitment for 2023 is:

 General Expenses: \_\_\_\_\_\_\_\_\_\_

Mission & Service Fund \_\_\_\_\_\_\_\_\_\_

Other (please specify fund and amount) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If banking information is changing, a new voided cheque is required for it to be started.

**\*\*\* For New PAR doners only \*\*\***

Please include a voided cheque when you return this form to the Church. It provides the necessary information for the transaction to occur.

I/We request/authorize the United Church of Canada to debit my/our account on the 20th day of every month, starting the 20th of \_\_\_\_\_\_ this year of 20\_\_. Also I recognize and agree to the following:

* I/We understand that this authorization will remain in force until cancelled or changed by you
* I/We may change the amount of my contribution at any time by contacting Trinity’s Office Administrator.
* I/We have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAR agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).
* I/We waive my right to receive pre-notification of the amount of pre-authorized remittance (PAR) and agree that I do not require advance notice of the amount of PAR before the debit is processed.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_